

UNITED A/C, REFRIGERATION PLUMBING & HEATING, INC.

201 ANN ST #1
NEWBURGH, NY 12550

(845) 561-5030
Fax (845) 561-0038

HVAC

SERVICE ORDER INVOICE

429685

BILL TO

will send
later in day
CSS# X EC
WO# X EC
CSS 32387
WO 14855

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE	MAKE	
MODEL	MODEL	
SERIAL NUMBER	SERIAL NUMBER	

NAME US Army Reser	
STREET 123 Rt 303	DATE 8/30/21
CITY Orangeburg NY	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Jg	AUTHORIZED BY
WORK TO BE PERFORMED No A/C office in garage	
P.O. #	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			OK
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED	TOTAL \$		

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
2	REFRIGERANT R- LBS. 20 Amp Fuses Home depot 80A 33490		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

Found no A/C in office area of garage. Was only getting 120 volt @ condenser, Fuse in disconnect was blown. Replaced both fuses. Started unit and found compressor was shorted, need to replace compressor & Fuse again. Possible issue from recent storm power surge.

Work order has not been sent yet. Per Mik Moseman. he will send @ end of Day

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	Jg		
TOTAL LABOR			

TERMS

All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE DATE

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.		TOTAL SUMMARY	
<input type="checkbox"/> REGULAR	<input type="checkbox"/> WARRANTY	TOTAL MATERIALS	
<input type="checkbox"/> SERVICE CONTRACT		TOTAL LABOR	
Thank You		TAX	
		TOTAL	

PerQuote Continued.

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Garage/office Date of Visit: 3/30/21

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Jay Ramez</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|--|
| 1. <u>WO# + CSS# not sent yet per Mike Moseman</u> |
| 2. <u>will send @ end of Day when Back in office</u> |
| 3. _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

NO A/C in office. Blown fuse
and shorted compressor. Need to replace
compressor and fuse 20 Am

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jay Ramirez Date: 8/30/21
Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Elvis Castillo Date: 30/08/21
Signed: [Signature]
E-Mail: _____

(845) 561-5030
Fax (845) 561-0038

CSS # 32387
WO# 14855

HVAC SERVICE ORDER

INVOICE

430356

BILL TO

CM1 Management, Inc.
5285 Shawnee rd Suite 510
Alexandria, VA 22312
Attn: Steven Miller

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE
MAKE Gardian	MAKE CopeLand / Emerson compress
MODEL RAC17L18B215A	MODEL 2PIHK6E-PFV.130
SERIAL NUMBER W1H8094039	SERIAL NUMBER 21H09E38L

NAME US Army Reserve Center		DATE 10/1/21
STREET 123 Rt 303		PROMISED
CITY Orangeburg, N.Y. 10962		
PHONE 518-421-2252	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN Mike S.	AUTHORIZED BY	
WORK TO BE PERFORMED Replace Compressor / Drier		
P.O. #		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
4.25	R-410 A		
1	Liquid line drier C-0835		
2	Valve core stems		
1	20 Amp fuse		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED
<ul style="list-style-type: none">- Checked Refrigerant for acid after failure (shorted to ground) <u>OK</u>- Recovered Refrigerant & disassembled outdoor unit.- Replaced compressor & Liquid line filter dryer.- Pressurized with dry Nitrogen @ 250 PSI - No leaks.- evacuated system to under 300 Microns- Weighed in factory charge of 3 pounds 10 ounces added for line set.- Replaced blown fuse in disconnect- Reassembled unit & Ran.- Drawing below Rated Amp draw- Replaced Valve cores as the pins appeared bent/Mashed off center

		TOTAL MATERIALS		
HRS.	LABOR	RATE	AMOUNT	
	Mike S.			
TOTAL LABOR				

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.	TOTAL SUMMARY		
	TOTAL MATERIALS		
	TOTAL LABOR		
	PerQuote	4,562.	50
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT			
Thank You	TOTAL		

All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE 10/1/21 DATE

Thank You

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Garage office
Orangeburg, N.Y.

Date of Visit: 10.1.21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>United HVAC</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

Replacement of compressor in Garage
offices

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Seaborg Date: 10/1/21
Signed: Michael Seaborg

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Patric Sany GS-09 Date: 2-21-001

Signed: [Signature]

E-Mail: Patric.h.Sany.civ@mcil.mil